

Application for the Registration of and for a Permit to Open and Conduct a New Pharmacy in the State of South Dakota

TO: South Dakota Board of Pharmacy – 4305 South Louise Ave., Suite 104 – Sioux Falls, SD 57106. Phone: 605-362-2737 – Fax: 605-362-2738

I, _____, Certificate No: _____, being a pharmacist in good standing registered under the laws of this state, hereby apply for the original registration of, and for a permit to open and conduct a new pharmacy as described herein and over which I will have full and complete control in the active management thereof as set forth in this application. I enclose remittance of **\$200.00** for the fee as required by law.

I agree to display the Registered Pharmacy Certificate in a conspicuous place in the pharmacy and to report to the Executive Secretary of the Board of Pharmacy any change in location of the pharmacy or any change in the ownership of the merchandise and fixtures of the pharmacy within ten days of such occurrence. I will surrender the Registered Pharmacy Certificate for cancellation of the cessation of business as a pharmacy, upon change of ownership, or when the permit to conduct a pharmacy has not been transferred as provided by law.

(A Complete Answer Must Be Given to All Questions)

1. Who is the pharmacist-in-charge at the location of the pharmacy to be registered?

_____ Certificate Number _____

2. Under what name, title and number is the new pharmacy to be registered?

Address _____ State _____ ZIP _____

Business Phone _____ Fax _____ E-mail _____

3. What is the type of pharmacy to be registered under this application?

(Hospital Pharmacy, Professional Prescription Pharmacy, Retail Pharmacy including general merchandise, Retail Pharmacy Department in connection with general merchandise store.)

4. Who will be the owner of the building or space to be occupied by the proposed new pharmacy?

If the building or space to be occupied by the proposed new pharmacy is to be rented, will the amount of rental be based upon the volume of business done by the proposed new pharmacy? ____ Yes ____ No

5. Who will be the owner of the merchandise and fixtures of the proposed new pharmacy?

(Name of individuals, partners or corporation)

If corporation, complete and attach AFFIDAVIT-SUPPLEMENT TO APPLICATION FOR PERMIT TO CONDUCT A PHARMACY OR RENEWAL WHERE PHARMACIST(S) APPLICANT IS NOT SOLE OWNER OF MERCHANDISE AND FIXTURES.

6. Will you be the owner or lessee of the merchandise and fixtures of the proposed new pharmacy to the extent that you will be self-employed? ☐ Yes ☐ No

If your answer is "No" – By what individual(s) or corporate officer(s) will you be employed?

7. How many hours per week will the pharmacy be open to the public? _____
8. How many registered pharmacists will be actively engaged in the proposed new pharmacy? _____
- Full Time ☐ Part Time ☐

9. Will a registered pharmacist be on duty in and in charge of the proposed new pharmacy at all times when the entire space to be registered as a new pharmacy is kept open to the public for the transaction of business? ☐ Yes ☐ No

If the answer is "No" and you will not be the owner or lessee of the proposed new pharmacy to the extent that you will be self-employed, will you provide facilities for closing and isolating the PRESCRIPTION DEPARTMENT and RESTRICTED DRUG AREA from the remainder of the space to be registered as a new pharmacy and close such prescription department and restricted drug area before leaving the remainder of the space to be registered as a new pharmacy in charge of any person who is not a pharmacist or pharmacy intern? ☐ Yes ☐ No

10. Will the pharmacy be kept in a clean and sanitary condition? ☐ Yes ☐ No
11. Will the pharmacy keep on file at all times the latest references as required by the Board of Pharmacy? ☐ Yes ☐ No

12. Will the proposed new pharmacy maintain the following equipment:

- a. A balance with a delicacy of not less than one-tenth grain? ☐ Yes ☐ No
- b. Prescription equipment of such kind and quality as will enable the pharmacist to meet all prescription requirements that may regularly come to his/her store? ☐ Yes ☐ No
- c. A poison register? ☐ Yes ☐ No
- d. Proper labels (including poison labels)? ☐ Yes ☐ No
- e. Permanent filing convenience for all prescriptions? ☐ Yes ☐ No
- f. Suitable locked space for narcotics and dangerous drugs? ☐ Yes ☐ No
- g. Standard grade chemicals and pharmaceuticals adequate to meet the demands of the community in which such pharmacy is to be located? ☐ Yes ☐ No
- h. Refrigerated storage space for biologicals and drugs affected by extreme temperatures? ☐ Yes ☐ No
- i. Sink with hot and cold running water? ☐ Yes ☐ No

13. Do you offer internet pharmacy services? _____ Yes _____ No

If the answer is yes, do you possess a VIPPS (Verified Internet Pharmacy Practice Site) number obtained from the National Association of Boards of Pharmacy _____ Yes _____ No

14. Will the place for which the new pharmacy registration is hereby applied for, include all of the space contained within the same floor of the building where the proposed new pharmacy is to be located?
_____ Yes _____ No

If the answer is “No” – Will the physical boundaries of the space to be occupied by the proposed new pharmacy be walls of solid construction extending from the floor to the ceiling and which will separate the proposed new pharmacy completely from any other business or profession contained, or proposed to operate, within the same floor of the building? _____ Yes _____ No

If the answer is still “No” – Then a drawing must be attached to this application showing the boundaries of the building, the actual floor area to be occupied by the proposed new pharmacy, the type of business or profession adjoining the proposed new pharmacy’s floor area, and a complete description including the location of all facilities for closing and locking the actual space to be registered as a new pharmacy.

15. Will the proposed new pharmacy provide a restroom for the pharmacy staff? _____ Yes _____ No

16. Will the proposed new pharmacy provide a patient counseling area that will assure patients’ privacy?
_____ Yes _____ No

17. Proposed date of opening the new pharmacy. _____

NOTICE TO REGISTERED PHARMACY APPLICANT: Unless you are to be the sole owner of the merchandise and fixtures of the proposed new pharmacy, then the affidavit referenced in question (5) must be completed and attached to this application by the individual, partnership or corporation with ownership. Corporation must be attached hereto and made a part of this application.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct, and that the provisions of law, and Board of Pharmacy Rules and Regulations relative to conducting a pharmacy in the state of South Dakota, will be faithfully observed during the period for which a permit to open and conduct a new pharmacy in the state of South Dakota shall be issued.

Signature of Registered Pharmacist Applicant

Date

**Supplement to Application for Permit to Conduct a Pharmacy or Renewal Where
Pharmacist Applicant is not Sole Owner of Merchandise and Fixtures**

AFFIDAVIT

State of _____)
) ss
County of _____)

**Complete first portion of form as
Individual/Partnership or as a
Corporation**

INDIVIDUAL OR PARTNERSHIP: I, _____, being first duly sworn, depose and say that I am the (non-pharmacist) owner of _____ percent of the merchandise and fixtures in the place of business for which pharmacy registration is applied for in the attached application for registration of Permit to Conduct a Pharmacy or renewal in South Dakota.

OR

CORPORATION: I, _____, being first duly sworn, depose and say that I am the _____ of _____, a corporation and one of its managing officers and directors; that said corporation is the owner of the merchandise and fixtures in the place of business in the attached application for registration of and for Permit to Conduct a Pharmacy or renewal in South Dakota.

That said place of business may be registered as a pharmacy and conducted in accordance with the laws of the State of South Dakota, said Individual/Partnership or Corporation hereby delegates complete responsibility for the pharmaceutical services to Registered Pharmacist-in-Charge _____ Cert# _____
(Pharmacist listed here must be the same as person signing the Application Form)

to have full charge of the merchandise and fixtures at said place of business in the same manner, and to the same degree as though said pharmacist were the sole owner of such merchandise and fixtures. It is further represented and said that if any non-pharmacist owner/corporation is actively engaged within such Pharmacy, after it is so registered, that such non-pharmacy owner, corporate officer, employee or agent of non-pharmacist owner/corporation will submit to administration and guidance of the Registered Pharmacist named herein, in the same manner and to the same degree as though said non-pharmacist owner, corporate officer, employee or agent of non-pharmacist owner/corporation were an employee of the Registered Pharmacist named herein.

Signature of Non-Pharmacist Owner or Corporate Officer

Subscribed and sworn before me this _____ day of _____, 20 _____.

(Seal)

Name of Notary Public

Enter below – Complete list of managing officers and directors. (Use extra sheet if necessary)

<u>Title/Officer</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you, or any other managing officers and directors, plead guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)? __Yes __No